**PATIENT E-MAIL AND TEXT MESSAGING REGISTRATION FORM**

Due to the changing world of healthcare and technology, Reston Station Dental now has the ability to communicate with our patients via e-mail and/or text messaging. If you wish to receive this form of communication, please complete the form below.

Reston Station Dental believes strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. Reston Station Dental does not share the names, e-mail address, and/or telephone numbers of patients with any other company or with any other patients.

Please print all information neatly and legibly.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Yes, please sign me up to receive e-mail and text messaging.

\_\_ I do not wish to be contacted via email. (Text messaging only)

\_\_ I do not wish to be contacted via text messaging (E-mail only)

\_\_ I do not wish to be contacted by either text messaging or email.

I hereby give Reston Station Dental permission to send messages to me via email and/or text messaging as a means of communication as indicated by me selection above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guardian Signature Date